A logo with green and black letters

Description automatically generated**Nomination form**

2024 Excellence Awards

Should you have any questions about this nomination form or entry requirements, please contact Kim at [support@icnzb.org.nz](mailto:support@icnzb.org.nz)

**YOUR DETAILS**

Details of the person completing this nomination form.

|  |  |
| --- | --- |
| **Name** |  |
| **Phone** |  |
| **Email** |  |
| **Are you an ICNZB member?** | * Yes * No |
| **Nomination type** | * Self nomination * Peer nomination |

**NOMINEE DETAILS**

Details of the individual or business being nominated for this award. Please complete a separate entry for each award application.

|  |  |  |
| --- | --- | --- |
| **Nominee’s name** |  | |
| **Business name** |  | |
| **Phone** |  | |
| **Email** |  | |
| **Category for nomination** | * Bookkeeper of the Year * Bookkeeping Trainer of the Year – Gayle Buchanan Memorial Trophy * Bookkeeping Business of the Year * Community Contributor of the Year | * Emerging Bookkeeper of the Year * Sustainable Business of the Year * Service to Bookkeeping Award\* * Bookkeeping Employee of the Year |
|  | \*Please note only peer nominations will be accepted for this award | |
| **Reasons for nomination**  Please be as detailed and specific as possible in your explanation. If required, please attach a separate document. For ideas on what to write about, please refer to our website awards page. | | |
|  | | |
|  | | |